

Site Remediation Program

UST Site/Remedial Investigation Report Certification Form

A. Facility Name: _____ Block: _____ Lot(s): _____
 Facility Street Address: _____
 Municipality: _____ County: _____ Telephone #: _____

B. Owner (RP)'s Name/ Organization: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ Telephone #: _____

C. (Check as appropriate)

- ☐ Site Investigation Report (SIR) \$500 Fee
- ☐ Remedial Investigation Report (RIR) \$1000 Fee

D. (Complete all that apply)

- Assigned Case Manager : _____
- UST Facility ID Number: _____
- Closure Activity Number: _____ (i.e. UCL010001)
- Tank Closure Number: _____ ; _____ (i.e. N01-0000)
- Comm. Center Number(s): _____ (i.e. 00-00-00-0000-00)
- Case #: _____ (i.e. 000001USR010001)

E. Certification by the Subsurface Evaluator:

Name: _____ Signature: _____ UST Cert. No.: _____

Firm: _____ Firm's UST Cert. Number: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Telephone Number : _____ E-mail Address: _____

Yes - NoThe attached report conforms to the specific reporting requirements of N.J.A.C. 7:26E.
 (NOTE: Certification numbers required only if work was conducted on USTs regulated per N.J.S.A. 58:10A-21 et seq.)

F. Certification by the Responsible Party(ies) of the Facility:

The following certification shall be signed [according to the requirements of N.J.A.C. 7:14B-1.7(b)]as follows:

1. For a Corporation by a person authorized by a resolution of the board of directors to sign the document. A copy of the resolution, certified as a true copy by the secretary of the corporation, shall be submitted along with the certification; or
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, State, federal or other public agency by either a principal executive officer or ranking elected Official.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

Name (Print or Type): _____ Title: _____

Signature: _____ Telephone # : _____

Company Name: _____ Date: _____